ATTESTATIONS AND JUSTIFICATIONS

1) All carriers must complete the "Carrier Attestation Form"; this form can be submitted as part of a form filing, a marketing filing, or a network adequacy filing, but only needs to be filed once.
2) Carriers must only submit Justifications that are applicable to the filing (i.e. must only complete the EHB-Substitution Justification if the plan is substituting EHB benefits).
3) All Attestations and Justifications must be attached under the SERFF Supporting Documentation Tab in the Binder.

*** * Copies of the Carrier Attestation Form and the State-Based Exchange Issuer Attestations are available on the DOI website * ***
*** * Copies of all Justification documents are available on the RegTap website at https://www.regtap.info/ * ***

ATTESTATIONS

Name	Description	Criteria	Submit as Part of:	Deadline
FORM FILING - *Includes the Attestations for Network Adequacy and Marketing*				
Carrier Attestation Form	Attestations for all Colorado issuers offering individual and small group health benefit plans.	Required for all issuers.	**Rate Filing**	5/15/2013
Program Attestations for SBEs (State-Based Exchange Issuer Attestations: Statement of Detailed Attestation Responses)	Attestations for all issuers in State-Based Exchange states.	Required for all issuers.	**Rate Filing**	5/15/2013

JUSTIFICATIONS

Name	Description	Criteria	Submit as Part of:	Deadline
FORM FILING				
Cost Sharing - Small Group Deductible Justification*	Certifies that plans meet the reasonableness exception for exceeding annual limitation on small group deductibles.	Required if small group plan deductibles exceed annual limitation.	**Rate Filing**	5/15/2013

Cost Sharing - Supporting Documentation and Justification for Exceeding Annual Limitation on Out of Pocket Maximum (Nesting)	Certifies that an issuer has nested benefits.	Required for issuers when out of pocket maximums exceed the annual dollar limitation specified by the Internal Revenue Service (IRS) for high-deductible health plans.	**Rate Filing**	5/15/2013
Cost Sharing - Supporting Documentation and Justification for Exceeding Annual Limitation on Out of Pocket Maximum (Multiple Administrators)*	Certifies that an issuer has multiple administrators. http://cciio.cms.gov/resources/factsheets/aca_implementation_faqs12.html	Required for issuers when out of pocket maximums exceed the annual dollar limitation specified by the Internal Revenue Service (IRS) for high-deductible health plans.	**Rate Filing**	5/15/2013
EHB-Substituted Benefit (Actuarial Equivalent) Justification*	Identifies EHB benchmark benefits that have been substituted, the substituted benefits, and the associated values of each.	Required if EHB Variance Reason is **Substituted.**	**Rate Filing**	5/15/2013
Formulary—Inadequate Category/Class Count Justification	Identifies reasons for an inadequate count in particular category or class.	Required if category or class does not cover the greater of: 1) one drug in every USP category and class; or 2) the same number of prescription drugs in each category and class as the EHB benchmark plan.	**Rate Filing**	5/15/2013
Limited Cost Sharing Plan Variation—Estimated Advance Payment Supporting Documentation and Justification*	Certifies that an issuer has followed the CMS standards for developing limited cost sharing CSR advance payment estimates. Meets the requirement at 45 CFR 156.430(a)(2)(i) for QHP issuers that choose to seek advance payments for a limited cost sharing plan variation.	Required for issuers that are requesting a CSR advance payment for at least one limited cost sharing plan variation.	**Rate Filing**	5/15/2013

Unique Plan Design Supporting Documentation and Justification*	Describes the reasons for that a plan qualifies as unique and the methods used to calculate actuarial value.	Required if *Unique Plan Design?* Is **YES.**	**Rate Filing**	5/15/2013
NETWORK ADEQUACY FILINGS				
Essential Community Provider Supplemental Response Form	Supplemental response form for issuers QHP Application.	Required for all issuers. **Standard Issuers**: must complete Part A, question 4, parts a-d; responses do not need to reference the 20% threshold, but should answer the questions generally. **Alternate Standard Issuers:** must complete Part B, questions 1-3; responses do not need to reference the 20% threshold, but should answer the questions generally.	**Network Adequacy Filing**	6/30/2013
Network Adequacy cover page	The cover sheet provides a template for the data the issuer can provide on network adequacy.	Required for all issuers.	**Network Adequacy Filing**	6/30/2013
Partial Service Area justification	Justification from all issuers on how they are complying.	Required if issuer service area covers a partial county.	**Network Adequacy Filing**	5/15/2013
RATE FILINGS				
Part I - Unified Rate Review (URR) Template	Provides information and data necessary for ERR Reasonableness Review, rate increase monitoring and Market Rating Rules Compliance Reviews by states and CMS.	Required for all issuers.	**Rate Filing**	5/15/2013
Part II - Consumer Justification Narrative	Consumer centered description of why the increase is justified for product increases of 10% or greater.	Required for all rate increases, optional for new plans.	**Rate Filing**	5/15/2013

Part III - Actuarial Memorandum	Provides actuarial written narrative describing and supporting the information provided in the Part I (URR Template) and actuarial certifications.	Required for all issuers.	**Rate Filing**	5/15/2013

ADDITIONAL JUSTIFICATIONS - MAY BE REQUIRED IF INCONSISTENCIES OR DEFICIENCIES IDENTIFIED DURING INITIAL DOI REVIEW OF FILINGS

Name	Description	Criteria		Deadline
FORM FILINGS - ***Should be submitted only if requested by DOI (as part of a response if issues are identified during the initial review)***				
Discrimination - Cost Sharing Outlier Supporting Documentation and Justification	Identifies reasons why cost sharing values found to be outliers should be allowed and are not discriminatory.	Required if cost sharing value is identified as an outlier.	**DOI request**	
Discrimination - Language Supporting Documentation and Justification	Identifies why language identified as discriminatory should be allowed.	Required if language is found to be discriminatory.	**DOI request**	
Discrimination - Drug Utilization Management Outlier Justification	Identifies reasons why a category or class may be an outlier in terms of the number of drugs that require utilization management but is not discriminatory.	Required if category or calls is determined to be an outlier.	**DOI request**	
Meaningful Difference	Identifies Justification for meaningful difference.	Required for issuers that fail meaningful difference review.	**DOI request**	

*** - documents that require an Actuary Signature**